

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90310 014 ***150.00

00029987

DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000007030
1. Entity Name HANDEX OF MARYLAND

Principal Place of Business 360 MORGAN RD. ODENTON, MD 21113	Mailing Address 30941 SUNEAGLE DR. MT. DORA, FLORIDA 32757
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 52-1490177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAM E. TABOR, JR. 30941 SUNEAGLE DR. MT. DORA, FLORIDA 32757
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE D/C	<input type="checkbox"/> Delete
NAME ROGER EATMAN	
STREET ADDRESS 30941 SUNEAGLE DR.	
CITY-ST-ZIP MT. DORA, FLORIDA 32757	
TITLE D/P	<input type="checkbox"/> Delete
NAME GEORGE BANNON	
STREET ADDRESS 30941 SUNEAGLE DR.	
CITY-ST-ZIP MT. DORA, FL 32757	
TITLE VP AND Assistant Secretary	<input type="checkbox"/> Delete
NAME IRVIN HEATH	
STREET ADDRESS 30941 SUNEAGLE DR, MT. DORA, FLORIDA 32757	
TITLE S	<input type="checkbox"/> Delete
NAME WILLIAM E. TABOR, JR.	
STREET ADDRESS 30941 SUNEAGLE DR. MT. DORA, FLORIDA, 32757	
TITLE T	<input type="checkbox"/> Delete
NAME WILLIAM P. MULLINS	
STREET ADDRESS 30941 SUNEAGLE DR. MT. DORA, FL 32757	
TITLE ASSISTANT SECRETARY	<input type="checkbox"/> Delete
NAME ALEX CVERCKO	
STREET ADDRESS 30941 SUNEAGLE DR. MT. DORA, FL 32757	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **WILLIAM E. TABOR, JR.** **Date** 01/29/01 **Daytime Phone #**

CR2E034 (11/00)